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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| | |
|------------------------|----------------|
| Application Number | 10/020,527 |
| Filing Date | 12/14/2001 |
| First Named Inventor | Sol P. DiJaili |
| Group Art Unit | 3662 |
| Examiner Name | Not Yet Known |
| Attorney Docket Number | 21153-05920 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above-identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

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- 1 ☐ The correspondence address is NOT affected by this withdrawal.
☒ Change the correspondence address and direct all future correspondence to:

| | | | | | |
|-------------------------|--------------------------------|-------|----------------|-----|-------|
| Firm or Individual Name | Eric L. Maschoff | | | | |
| Address | Workman, Nydegger & Seeley | | | | |
| Address | 60 E. South Temple, Suite 1000 | | | | |
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| Country | US | | | | |
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- ☐ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name Greg T. Sueoka

Signature 

Date

May 8, 2003

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

21153/05920/DOCS/1345427.1
04/29/03

Attorneys/agents to be removed with attached Request to Withdraw:

Greg T. Sueoka, Reg. No. 33,800

Michael W. Farn, Reg. No. 41,015

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